

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3095

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (in this place) 2 1/2 Mo. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4229 Maryland Ave.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) Jerseyville 8130 d. STREET ADDRESS (If rural, give location) 600 W. Carpenter 8			
3. NAME OF DECEASED (Type or Print) Janet M. Taylor		a. (First) Janet		b. (Middle) M.		c. (Last) Taylor	
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 27, 1897	
9. AGE (In years last birthday) 55		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Herman Gove		13b. MOTHER'S MAIDEN NAME Margaret M. McCord		14. NAME OF HUSBAND OR WIFE Rea E. Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rea E. Taylor			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abdominal Carcinomatosis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION 12/31/52		19b. MAJOR FINDINGS OF OPERATION Cancer of Colon & Abdominal Carcinomatosis				21. HOW DID INJURY OCCUR? 153X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Jerseyville		21d. (COUNTY) Ill.	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 12-12-1952		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 12-12, 1952 , to 3-20, 1953 , that I last saw the deceased alive on 3-14, 1953 , and that death occurred at 3.00P m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert J. Farrell		23b. ADDRESS 624 N. Union		23c. DATE SIGNED 3/21/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 20, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Francis Xaviers		24d. LOCATION (City, town, or county) (State) Jerseyville, Ill.	
DATE REC'D BY LOCAL REG. MAR 23 1953		REGISTRAR'S SIGNATURE H. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly			
DATE		ADDRESS		3840 Lindell			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. ~~5555~~ 4699

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.